

**Application for leave or for extension of leave
(For use by the Government Servant applying for leave)**

1. NAME OF APPLICANT :
2. DESIGNATION OF GOVT.SERVANT :
3. DEPARTMENT :
4. NATURE AND PERIOD OF LEAVE APPLIED FOR WITH DATE :
5. SUNDAY AND HOLIDAY(s) IF AND PROPOSED TO BE PREFIXED OR SUFFIXED TO LEAVE :
6. REASON/GROUND ON WHICH LEAVE APPLIED FOR :
7. DATE OF RETURN FROM LAST LEAVE :
8. WHETHER MEDICAL CERTIFICATE TO ENCLOSED IN CASE THE LEAVE IS ON MEDICAL GROUND :
9. ADDRESS DURING LEAVE PERIOD :

SUBMITTED FOR SANCTION

SIGNATURE OF APPLICANT
(WITH DATE)

TO

(FOR USE BY THE SANCTION RECOMMENDING AUTHORITY)

Signature (with date and designation)